a skin deterioration (flare). **METHODS:** Multi-centre, cross-sectional, prospective QoL study. Information including demographic and disease characteristics was collected with semi-structured patient questionnaire and by chart abstraction. Disease-specific instruments: PIQoL-AD (Parents Index Quality of Life—Atopic Dermatitis; score: 0–28 points) for parents of children up to 8 years, QoLIAD (Quality of Life Index Atopic Dermatitis; score: 0–25 points) for patients over 16 years. CDLQI (Children Dermatology Life Quality Index; score: 0–30 points) was used for patients aged 9–16 years. Higher scores indicate greater impairment of QoL. EQ-5D was used to assess preferences (utilities) of patients over 16 years. **RESULTS:** A total of 193 patients enrolled at 16 centers (10 office-based dermatologists, 4 office-based paediatricians, 1 outpatient unit of a dermatology hospital, 1 patient organization) sent back the questionnaires. Mean age (range): 23 years (1–71 years), 63% female. 27% of the patients had a mild, 38% a moderate and 35% a severe course of disease. Median duration of current flare: 12 days. Mean utility value during a flare was 0.69 (SD 0.26). After flare mean utility value rose up to 0.82 (SD 0.17). Atopic dermatitis-specific instruments (PIQoL-AD/QoLIAD) showed reductions in QoL during a flare in comparison to the period after flare: 10.2 (SD 7.3) vs. 6.4 (SD 6.1)/11.4 (SD 7.2) vs. 7.5 (SD 6.6). Patients aged 9–16 years (CDLQI) reported comparable impairment of QoL during (9.8, SD 3.8) and after a flare (9.6, SD 3.9). **CONCLUSIONS:** Patients' and parents' QoL is reduced considerably during a flare of atopic dermatitis. Health status (utility value) of patients during a flare is comparable to health status of patients with other chronic diseases like e.g. diabetes type II.

PSN13

COSTEFFECTIVENESS OF ALEFACEPT IN PATIENTS WITH MODERATE TO SEVERE PSORIASIS

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OBJECTIVES: To estimate the incremental costs and incremental health effects of replacing methotrexate (MTX) by alefacept (Amevive) in patients with moderate to severe psoriasis (PASI-score 10+). **METHODS:** A total of 36 patients with moderate to severe psoriasis were interviewed about quality of life and treatment costs. Disease severity was measured by PASI-score (Psoriasis Area and Severity Index) while quality of life was measured by a multiattribute utility instrument (15D) and a disease specific instrument (DLQI-N). Cost of psoriasis therapy during the past three months was estimated on the basis of patients' utilization reports and unit costs. A Markov model with 4 health states based on PASI-score (0, 1–9, 10–19, 20+), 12 weeks cycles and 2 years time horizon was developed. Transition probabilities were derived from published clinical trials (MTX and alefacept) and websites (alefacept), but no head-to-head trials were available. The benefit from psoriasis therapy was expressed in terms of QALYs, and sensitivity analyses were used to explore the robustness of the results. **RESULTS:** Quality of life was estimated at 0.94, 0.91, 0.88, and 0.77 in the four PASI-groups. Average 3 months psoriasis treatment costs were $384, $509, and $960 for patients with PASI-score 1–9, 10–19, 20+ respectively. In the base case, alefacept has higher costs and lower health benefit, and this result was fairly robust to a wide range of changes in the model parameters. Only when all parameters values were assumed as favourable as conceivable for alefacept and as unfavourable as conceivable for MTX, the cost per QALY came down to $76,400. **CONCLUSION:** Alefacept seems to represent greater costs and smaller health benefits than MTX in patients with moderate to severe psoriasis. There is an urgent need to confirm these results in head-to-head trials of MTX and alefacept.

PSN14

QUALITY OF LIFE IN PATIENTS SUFFERING FROM PSORIASIS VULGARIS IN GERMANY—A NON-INTERVENTIONAL SURVEY

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OBJECTIVE: To describe quality of life (QoL) and patients' preferences in psoriasis patients with current skin deterioration and 6 weeks later after subsequent therapy. **METHODS:** Prospective, multi-center, cross-sectional, quality of life study combined with a cost-of-illness study. Patients (over 17 years; with moderate and severe course of disease) were enrolled consecutively by 12 office-based dermatologists and by 5 outpatient departments in dermatology hospitals. Instruments: DLQI (Dermatology Life Quality Index; sum score: 0–30 points; 0 = no reductions in QoL), EQ-5D, semi-structured patient questionnaire. **RESULTS:** A total of 227 patients were enrolled. 197 sent back the quality of life questionnaire part A (within current skin deterioration) and 151 patients part B (6 weeks later). Mean age were 47 years, 55% were male. Mean DLQI score during the current skin deterioration accounted 9.3 (SD 6.8) and varied from 0 to 27 points; 6 weeks later DLQI score decreased to 6.8 (SD 5.2). The mean utility value was 0.79 (SD 0.18) at enrollment due to current skin deterioration and showed the same figure 6 weeks later (0.80, SD 0.17). DLQI score indicated greater reductions of QoL due to a current skin deterioration in patients with severe course of psoriasis (10.4, SD 7.1) than in patients with moderate form of psoriasis (8.4, SD 6.4). Mean DLQI score decreased from 9.1 (SD 6.8) to 7.0 (SD 5.7) in patients with topical treatment and/or phototherapy within 6 weeks. In patients treated with systemic medication additionally, mean DLQI score fell from 8.3 (SD 5.6) to 5.7 (SD 4.0). **CONCLUSIONS:** The considerable reduction in QoL due to a

current skin deterioration in patients suffering from moderate or severe psoriasis vulgaris underline the necessity for innovative, long-lasting therapies with few side-effects.

PSN15

DURATION OF PSORIASIS AND QUALITY OF LIFE

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Quality of life questionnaires enable patients to express their personal evaluation of the consequences of their condition and/or treatment. Psoriasis has a heavy impact on the physical and mental well-being of the patient. **OBJECTIVE:** To evaluate the impact of the duration of psoriasis on the quality of life of patients. **METHOD:** Within the context of the SPOT study, 668 patients (newly diagnosed patients: n = 319, Patients followed for longer than 5 years: n = 347) responded to a quality of life questionnaire consisting of a generic scale (SF-12) and a specific scale (PDI–Psoriasis Disability Index). The completed questionnaires were returned in prepaid envelopes. **RESULTS:** The socio-demographic profile of the patients in the two groups did not present any statistically significant difference (place of residence, lifestyle). The mean age was respectively 42.9 years for newly diagnosed patients versus 48.1 years for patients who had been followed for longer than 5 years. The PDI score was 10.7% (SD = 11.7) for newly diagnosed patients and 15.7% (SD = 13.5) for patients that had been followed for longer than 5 years ($p < 0.0001$). With regard to the SF-12, the results were organised in 2 scores: mental (MCS-12) and physical (PCS-12). The scores for newly diagnosed patients were: PCS-12 = 52.4 (SD = 7.1) & MCS-12 = 42.8 (SD = 10.5) the scores for the Patients followed for longer than 5 years were: PCS-12 = 50.6 (SD = 8.0) & MCS-12 = 41.0 (SD = 10.7). The differences observed in the two dimensions, physical and mental, were statistically significant ($p = 0.0038$ and $p = 0.0281$). **CONCLUSION:** These results show a quality of life's impairing for the population that had been followed for longer than 5 years, a difference confirmed by both the specific and generic scales.

PSN16

PSORIASIS: IMPACT OF THE TREATMENT ON QUALITY OF LIFE

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Psoriasis is a chronicle disease, which concerns 4.7% of the European population. Even if it does not question the vital prognosis, it is a very invalidating condition in daily life because of the damage to the body image. Therefore the patients' quality of life improvement is one of the medical treatment's priority. **OBJECTIVE:** To assess the impact of a medical strategy on patients' quality of life. **METHOD:** SPOT is a longitudinal, prospective observational program following 400 psoriasis patients in Spain The Psoriasis Disability Index (Pr Finlay, 1987) and the SF12 are evaluated, the completed questionnaires were returned by post. **RESULTS:** In this first analysis, the first 74 patients were taken into account and analysed at inclusion and 3 months after the treatment initiation. The PDI score at inclusion is 11.88 (sd = 10). The PDI score 3 months after is 8.88 (sd = 9.48). These first results show evidence of an improvement of patients' quality of life 3 months after treatments ($p < 0.02$). Concerning the SF-12, the results consisted of two scores: mental (MCS-12) and physical (PCS-12). At inclusion the SF12 scores were: PCS-12 = 50 (sd = 8) & MCS-12 = 49.9 (sd = 9.8), 3 months after the scores were the following PCS-12 = 52 (sd = 7.6) & MCS-12 = 50.7 (sd:7.6). The improvement of the quality of life in their physical health dimension is statistically significant ($p < 0.03$). **CONCLUSION:** Concerning the PDI, the following dimensions "daily activities, leisure and social relations" are significantly improved ($p < 0.02$), which might have consequences on patients' daily life.

PSN17

PSORIASIS AND QUALITY OF LIFE SPANISH RESULTS

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Skin diseases have a strong impact on the physical and mental well-being of the patient. The large number of quality of life studies that exist confirms this. **OBJECTIVES:** To evaluate the effect of psoriasis on quality of life of patients in Spain. **METHOD:** A total of 4500 anonymous questionnaires (comprised of two scales: the Psoriasis Disability Index (PDI) plus 10 questions concerning treatment and evolution of psoriasis) were sent, via a Psoriasis Patient Support Group (AccionPsoriasis). **RESULTS:** A total of 1900 questionnaires were returned (June 2002): response rate 42%. An analysis of the first 810 questionnaires was realised. The sex ratio Men (M)/Women(W) was: 49/51. Mean age: 42 years. Mean age of diagnosis: 21.8 years. The average to the total score was 8.47 (s.d. 7.2 rank 0 to 39) i.e. 18.82 (s.d.: 17.2) when reported to a scale of 0 to 100. Significant difference was observed between M and W for the global handicap score 20.73 vs 16.95 $p < 0.002$. Two groups was identified: pousée de psoriasis (84%), pas de poussée de psorisis (12%)—no answers (4%). Psoriasis had a greater adverse affect on patients with crise: PDI score = 20.24 (sd 17.52) than the patient without actual crise PDI score = 8.98 (sd 11.34). This difference was significative $p < 0.00001$. **CONCLUSION:** These results highlight the value of appropriate and relevant psychological